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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	CTI-SYSTEM
First Named Inventor	
COMPLETE IF KNOWN	
Application Number	10/752,800
Filing Date	01/07/2004
Art Unit	2622
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CRANIAL REMODELING DEVICE MANUFACTURING SYSTEM

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

01/07/2004

as United States Application Number or PCT International

Application Number

10/752,800

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

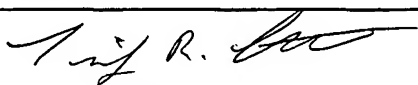
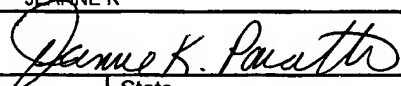
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name DONALD J LENKSZUS			
Address PO BOX 3064			
City CAREFREE		State AZ	ZIP 85377-3064
Country USA	Telephone 602-463-2010	Fax 480-575-1321	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) TIMOTHY R		Family Name or Surname LITTLEFIELD	
Inventor's Signature 			Date 4-15-04
Residence, City GOODYEAR	State ARIZONA	Country USA	Citizenship USA
Mailing Address 11317 SOUTH HOPI DRIVE			
City GOODYEAR	State ARIZONA	ZIP 85284	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) JEANNE K		Family Name or Surname POMATTO	
Inventor's Signature 			Date 4-15-04
Residence, City SCOTTSDALE	State ARIZONA	Country USA	Citizenship USA
Mailing Address 7665 E. LARKSPUR DRIVE			
City SCOTTSDALE	State ARIZONA	ZIP 85260	Country USA
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



Attorney Docket No.: CTI-SYSTEM  
**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: :  
TIMOTHY R. LITTLEFIELD :  
Filed: 01/07/2004 :  
Title: CRANIAL REMODELING DEVICE MANUFACTURING SYSTEM  
Serial No. : 10/752,800

**POWER OF ATTORNEY**

CRANIAL TECHNOLOGIES, INC. is the owner of the above-identified patent application, pursuant to an Assignment from the owners of record, TIMOTHY R. LITTLEFIELD and JEANNE K. POMATTO to CRANIAL TECHNOLOGIES, INC. In accordance with 37 C.F.R. § 3.73(b), a copy of the Assignments are attached hereto. A copy of the Assignments has also been filed or is being filed contemporaneously herewith for recordation with the Assignment Branch.

CRANIAL TECHNOLOGIES, INC. hereby revokes all previous powers of attorney and appoints Donald J. Lenkszus, Reg. No. 28,096 of the firm of:

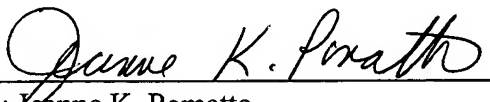
DONALD J. LENKSZUS, P.C.,  
P.O. BOX 3064,  
CAREFREE, AZ 85377,  
telephone (602) 463-2010, facsimile (480) 575- 1321,

as its attorney with full powers of substitution, revocation and association, to transact all business in the United States Patent and Trademark Office in connection with the above-identified patent application.

Please direct all correspondence regarding this patent application to Donald J. Lenkszus at the above address and telephone number.

CRANIAL TECHNOLOGIES, INC.

Dated: APRIL 15, 2004

By:   
Name: Jeanne K. Pomatto  
Title: CEO